

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp Received  
OCT 16 2015  
Bayfield Co. Zoning Dept.

Permit #: 15-0407  
Date: 10-19-15  
Amount Paid: \$185  
Refund: 10-19-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: William McKinney	Mailing Address: P.O. Box 97	City/State/Zip:	Telephone:
Address of Property: 13420 G Hwy N		City/State/Zip:	Cell Phone:
Contractor:		Contractor Phone:	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: 1/4, 1/4		Legal Description: (Use Tax Statement)	Recorded Document: (i.e. Property Ownership) Volume: Page(s):
Section 18, Township 43 N, Range 7 W		Town of: Cable	Subdivision: Village of Cable

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$ 1520	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	_____	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	_____	
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____	

Existing Structure: (if permit being applied for is relevant to it)	Length: 12	Width: 16	Height: 192
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	<input type="checkbox"/>		( X )	
<input checked="" type="checkbox"/> with Attached Garage	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Mobile Home (manufactured date) _____	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Addition/Alteration (specify) _____	<input type="checkbox"/>		( X )	
<input checked="" type="checkbox"/> Accessory Building (specify) Storage Bldg on Skids	<input type="checkbox"/>		( 12 X 16 )	192
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/>		( X )	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
OCT 19 2015	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

I, Special Agent Staff, FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for the purpose of inspection.

Owner(s): Bob McKinney, Bob McKinney  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date 10-15-15  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_ Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	27 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	25 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	18 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	27 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	43 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		<b>Sanitary Number:</b>		<b># of bedrooms:</b>		<b>Sanitary Date:</b>	
Permit Denied (Date):		Reason for Denial:					
Permit #: 15-0407		Permit Date: 10-18-15					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No		<input checked="" type="checkbox"/> No <input type="checkbox"/> No		Mitigation Required Mitigation Attached	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously/Granted by Variance (B.O.A.) Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:						Zoning District (C) Lakes Classification ( )	
Date of Inspection: 10-15-15		Inspected by: [Signature]				Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)							
OK to Start							
Signature of Inspector: [Signature]						Date of Approval: 10/19/15	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

# Bayfield County, WI



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp: RECEIVED  
SEP 24 2015  
Bayfield Co. Zoning Dept.

Check (mining) \$1,900  
Permit #: 15-0416  
Date: 10-21-15  
Amount Paid: \$1,900  
Refund: 10-21-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: MARK AND ANNE HOOLEY	Mailing Address: 405 PATLAND AVE. ST. PAUL, MN 55102	City/State/Zip: 55102	Telephone: 612-386-5419
Address of Property: 4469 DOW LARUE LAKE RD		City/State/Zip: LARUE, WI 54821	Cell Phone: 612-386-5419
Contractor: TUBOZEK CONSTRUCTION, INC.		Contractor Phone: 715-558-3444	Plumber: LUNICK, MARGARET R. AND HEATH, LEO
Authorized Agent: (Person Signing Application on Behalf of Owner(s)) DAVID TUBOZEK		Agent Phone: 715-558-3444	Agent Mailing Address (include City/State/Zip): 15333 W STATE RD 77 HAYWARD, WI 54843
PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 6 Lot(s) 2 CSM 1798 VOP312		Vol & Page: 1798 VOP312	Lot Size: 6.00 Acres
Section 12, Township 43 N, Range 8 W		Town of: LARUE	Subdivision: 101125
<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: 75 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion + include donated time & material \$100,000.00	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: (New) Sanitary	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: C&V	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: V	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or V	Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 64	Width: 23	Height: 27
Proposed Construction:	Length: 64	Width: 23	Height: 27

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.) 2nd Residence	(64 X 23)	2007
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Loft		(16 X 14)	200
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with a Porch		(16 X 14)	200
	<input type="checkbox"/> with (2nd) Deck		(16 X 14)	200
	<input type="checkbox"/> with Attached Garage		(16 X 14)	200
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities		(16 X 14)	200
	<input type="checkbox"/> Mobile Home (manufactured date)		(16 X 14)	200
	<input type="checkbox"/> Addition/Alteration (specify)		(16 X 14)	200
	<input type="checkbox"/> Accessory Building (specify)		(16 X 14)	200
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(16 X 14)	200
	<input type="checkbox"/> Special Use: (explain)		(16 X 14)	200
	<input type="checkbox"/> Conditional Use: (explain)		(16 X 14)	200
	<input type="checkbox"/> Other: (explain)		(16 X 14)	200

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date: 9/24/15  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: 15333 W STATE RD 77 HAYWARD, WI 54843  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

SEE ATTACHED

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	135 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	115 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	27 Feet	Setback to Well	730 Feet
Setback to Drain Field	75 Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

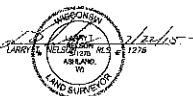
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 15-139S	# of bedrooms: 4	Sanitary Date: 10-21-15
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0416		Permit Date: 10-21-15		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District ( R1 )		
Date of inspection: 10/11/15		Lakes Classification ( 2 )		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:		
and residue on property. Existing home along lake not for human habitation must get UDC Permit. Affx new home is constructed, and must be removed with 6 months of occupancy.				
Signature of Inspector: [Signature]		Date of Approval: 10-21-15		
Hold For Sanitary: <input checked="" type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

WELL LOCATION TO BE DETERMINED

THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



IN JUNE OF 2015, THE ORDINARY HIGH WATER LINE OF CABLE LAKE WAS ESTABLISHED BY THE BAYFIELD COUNTY ZONING DEPARTMENT. THE 75' SETBACK SHOWN ON THE MAP IS BASED ON THE ORDINARY HIGH WATER LINE AS ESTABLISHED BY THE BAYFIELD COUNTY ZONING DEPARTMENT.

Number of children	Number of families
0	10
1	20
2	30
3	40
4	50
5	60
6	70
7	80
8	90
9	100
10	90
11	80
12	70
13	60
14	50
15	40
16	30
17	20
18	10
19	5
20	2

A. ORDINARY HIGH WATER MARK PIN FLAG SET BY BAYILLO COUNTY ZONING

O - OAK	TM - TWIN MAPLE	TA - TWIN ASH
B - BASSWOOD	TB - TWIN BASSWOOD	
M - MAPLE	TR - TRIPLE BASSWOOD	
A - ASH	OT - QUADRUPLE BASSWOOD	
WB - WHITE BIRCH	TO - TWIN OAK	
WP - WHITE PINE	P - POPPLE	

REVISED 7/21/15 - 75' SFTBLANK

NB. B-24 MC 122

MAX HOLSURVEYING CO.

MAP NO. 4344 (